

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Phila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>166</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>267</u>
Town of _____			Local Registrar No. _____
or _____			
City of _____	No. _____	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Bernard Charles Adams</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>3</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 23-1923</u>	(Month, day, year)
8. Full name <u>Joseph William Adams</u>		14. Full maiden name <u>Pauline Augustine Mucel</u>	
9. Residence <u>Miami - Ariz.</u>		15. Residence <u>Miami - Ariz.</u>	
(Usual place of abode) If nonresident, give place and State		(Usual place of abode) If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Juniper Ariz.</u>	(State or country)	18. Birthplace (city or place) <u>Bertin court France</u>	(State or country)
13. Occupation <u>Diller</u>	Nature of Industry	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>3</u>		(a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>4:10</u> p.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Crow M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
(Month, day, year)		Filed <u>Apr 30</u> , 19 <u>23</u> <u>P.O. Don</u>	
<u>212-423-743</u>		Local Registrar.	
Registrar.		Filed <u>5/5</u> , 19 <u>23</u> <u>B. S. S. 19</u>	
		County Registrar.	